APPLICANT (To be completed by the individu	STATEMENT July requesting operating authority) Application Docket No.: TG-081576	
Applicant Name:	Application Docket No.:	
Freedom 2000 LLC dba Cando Recycling and Disposal	JUN 22 2000	
THE APPLICATION What authority are you and	TG-081576	
Applying for a certificate to operate as a solid wa RCW for the Point Roberts area.	include any amendments: UI. & TP COM.	
(To be completed by the individual or business/organi	TATEMENT zation supporting the request for operating authority)	
THE TRANSPORTATION NEED Briefly describe the application could provide to you or your business/granted. Curbside collection will cease effective July 1, 20 service of solid waste and recyclables.	organization if this request for operating authority is	
Are your transportation needs being met now? Yes No: X If not, explain problems you have experienced. The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009. Additionally, the WUTC have issued an order confirming cancellation of the		
If the request is denied, would it have any affect on you or your business/organization: Yes X No If yes, please explain. We are unable to self haul our commercial/residential garbage. We do not have any commercial dumpsters except those which have been provided and will be removed on July 1, 2009. Furthermore we would have to reallocate staff to deal with transporting the garbage to the transfer station and we have no means of transporting such waste.		
VERIFIC (To be completed by the individual or business/organiz	zation supporting the request for operating authority)	
Name and Title: Lakay Wusselus	it L'awa Agont	
Name and Title: Lower Wusselulst Lieung Agont Business/Organization: Point Roherts Lieun Store		
Street/Mailing Address:		
City, State, Zip Code: Point Roberts, WA. 96281		
Telephone Number: 360 - 945-2622 Fax Number:		
I understand that this information is being given as the basis Utilities and Transportation Commission, an agency of the st perjury under the laws of the state of Washington that the int	for a grant of operating authority by the Washington	
LARRY Wysselwite W	Mysskelit 6-19-01	
	DATE	

	T STATEMENT dual requesting operating authority)	
Applicant Name:	Application Docket No.:	RECEIVE
Freedom 2000 LLC dba	TO 004570	RECEIVED
Cando Recycling and Disposal THE APPLICATION What authority are you ap	TG-081576	oto 22 2003
THE AFFEIGATION What authority are you ap	prining for a monde any amenupage	H. UT. & TO
Applying for a certificate to operate as a solid war RCW for the Point Roberts area.	aste collection company under Ch	apter 81.77 ^{CO} /M
(To be completed by the individual or business/orga	STATEMENT Inization supporting the request for operat	ing authority)
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dumpsters except those which have been provi-	ided and will be removed on July 1	, 2009.
Furthermore we would have to reallocate staff t transfer station and we have no means of trans		je to the
(To be completed by the individual or business/orga	FICATION anization supporting the request for opera	ting authority)
Name and Title: JAY Lewis, M	Anageer	
Business/Organization: Pt Roberts MAKETP/ACE		
Street/Mailing Address: 48 D Tyle Dc. Po Box 1070		
City, State, Zip Code: Point Roberts, WA 98281		
Telephone Number: 360 -945-0237	Fax Number: 360 - 94	5-1747
I understand that this information is being given as the ba		' /
Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	ne state of Washington. I certify or declare	e under penalty of
I was a second of the second o		
JAY Lewis	land to	,-19-09
PRINT NAME	/SIGNATURE	DATE

	Application Docket No.: TG-081576 Ivery large of the properties
Applicant Name:	Application Docket No.:
Freedom 2000 LLC dba Cando Recycling and Disposal	TG-081576
THE APPLICATION What authority are you app	lying for? Include any amendments
Cando Recycling and Disposal THE APPLICATION What authority are you app Applying for a certificate to operate as a solid wa RCW for the Point Roberts area.	ste collection company under Chapter 81.790///
SUPPORT S (To be completed by the individual or business/organi	TATEMENT ization supporting the request for operating authority)
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(To be completed by the individual or business/organ	CATION ilization supporting the request for operating authority)
Name and Title: MARK S. FURNO	PRESIDENT
Business/Organization: DOCK SIDE INC	C./ DOCKSIDE CAFE
Street/Mailing Address: 725 SIMUNDSON DR.	
City, State, Zip Code: POINT ROBERTS, WA 98281	
Telephone Number (360) 945-1206 Fax Number: (360) 945-1097	
I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	state of Washington. I certify or declare under penalty of
MARK S. FURNO U	Value 6/19/09 SIGNATURE DATE

APPLICANT (To be completed by the individu	STATEMENT all requesting operating authority)
Applicant Name: Freedom 2000 LLC dba	Application Docket No.:
Cando Recycling and Disposal	TG-081576
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(To be completed by the individual or business/organ	CATION ization supporting the request for operating authority)
Name and Title: Paul Rusk, Owner	
Business/Organization: National Mountain S	Sound Properties
Street/Mailing Address: 1385 Gulf Rd.	
City, State, Zip Code: Point Roberts, WA	98281
Telephone Number: 360-945-1011	Fax Number:
I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the i	state of Washington. I certify or declare under penalty of
Paul Rusk	6/10/00
	SIGNATURE DATE
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APPLICANT STATEMENT (To be completed by the individual requesting operating authority) Application Docket No.: **Applicant Name:** Freedom 2000 LLC dba Cando Recycling and Disposal TG-081576 THE APPLICATION What authority are you applying for? Include any amendments. Applying for a certificate to operate as a solid waste collection company under Chapter 81,77 RCW for the Point Roberts area. SUPPORT STATEMENT (To be completed by the individual or business/organization supporting the request for operating authority) THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. Curbside collection will cease effective July 1, 2009. We need commercial/residential pick up service of solid waste and recyclables. Are your transportation needs being met now? Yes No: X If not, explain problems you have experienced. The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009. Additionally, the WUTC have issued an order confirming cancellation of the certificate. If the request is denied, would it have any affect on you or your business/organization: RECEIVED ___ If yes, please explain. We are unable to self haul our commercial/residential garbage. We do not have any commercial We are unable to sent national community to dumpsters except those which have been provided and will be removed on only 1, 200 to the Furthermore we would have to reallocate staff to deal with transporting the garbage to the Furthermore we have no means of transporting such waste. VERIFICATION (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title: Business/Organization: Street/Mailing Address: City, State, Zip Code: Fax Number: 360) 945-1232 Telephone Number: 360) 945 I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

	STATEMENT al requesting operating authority)	
Applicant Name:	Application Docket No.:	RECEIVEL 76 JUN 22 2009 Memis Jun
Freedom 2000 LLC dba Cando Recycling and Disposal	TG-08157	76 JUN 22 2
THE APPLICATION What authority are you app	lying for? Include any amend	64801s, 22 2009
TG-081576 THE APPLICATION What authority are you applying for? Include any amendon spits. Applying for a certificate to operate as a solid waste collection company under Chapter 81.77COM, RCW for the Point Roberts area.		
SUPPORT S (To be completed by the individual or business/organ		perating authority)
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VERIFI (To be completed by the individual or business/organ	CATION nization supporting the request for o	perating authority)
Name and Title: Renee Coe		
Business/Organization:		
Street/Mailing Address: 1986 Cedar Pa	rk Dr.	
City, State, Zip Code: Point Roberts	, WA 98281	
Telephone Number: 360-945-3090 (W) Fax Number:		
I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.		
Renee Coe	mel l'al	6/18/09
PRINT NAME	SIGNATURE	DATE

APPLICANT (To be completed by the individu	STATEMENT al requesting operating authority)
Applicant Name: Freedom 2000 LLC dba	Application Docket No.:
Cando Recycling and Disposal	TG-081576
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VERIFIC	
Name and Title: Point Rober	to wader Dist, 44
Business/Organization: Wadev	Oistri bu tion
Street/Mailing Address: 19 Tyel	Dr. Suide A
City, State, Zip Code: Point Robe	vts WA. 98281
Telephone Number: 360 945-4696	Fax Number: 360 945 3021
I understand that this information is being given as the bas Utilities and Transportation Commission, an agency of the perjury under the laws of the state of Washington that the	state of Washington. I certify or declare under penalty of
DAN BOURKS Don PRINT NAME	SIGNATURE DATE

APPLICANT (To be completed by the individu	STATEMENT.
Applicant Name: Freedom 2000 LLC dba	Application Docket No.:
Cando Recycling and Disposal	TG-081576
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WERTER WITH TO be completed by the individual or business/organization and the complete of the	ATHOM after Supporting the request for operating authority)
Name and Title: Deboke Nisse Business/Organization: Bonney F	n Branch Manager
Business/Organization: Banner Bank Street/Mailing Address: 480 Tice Drive P.O. Pox 1837	
City, State, Zip Code: tout Roaves UA 98781	
Telephone Number: 360 945 3132 Fax Number: 360 945 3020	
Understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.	
Debbie Missen PRINT NAME SI	GNATURE DATE

ANRIPLE CANNIT	SIFATERMENT al requesting operating authority)
Applicant Name: Freedom 2000 LLC dba	Application Docket No.:
Cando Recycling and Disposal	TG-081576
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WERTHC (To be completed by the individual or business/organi	ATION attors supporting the request for operating authority)
Name and Title: <u>BARB RICHAR</u>	DSON
Business/Organization:	
Street/Mailing Address: /3/2 kex	ST
City, State, Zip Code: POINT ROBERTS	s wA 9828/
Telephone Number: 360 945 - \$5342	Fax Number:
I understand that this information is being given as the basis Utilities and Transportation Commission, an agency of the s perjury under the laws of the state of Washington that the in	for a grant of operating authority by the Washington tate of Washington. I certify or declare under penalty of
BARB RICHARDSON DE PRINT NAME	Ichards 6/19/09 IGNATURE DATE

APPLICANT STATEMENT (To be completed by the individual requesting operating authority) Application Docket No.: **Applicant Name:** Freedom 2000 LLC dba **Cando Recycling and Disposal** TG-081576 THE APPLICATION What authority are you applying for? Include any amendments. Applying for a certificate to operate as a solid waste collection company under Chapter 81.77 RCW for the Point Roberts area. SUPPORT STATEMENT (To be completed by the individual or business/organization supporting the request for operating authority) THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. Curbside collection will cease effective July 1, 2009. We need commercial/residential pick up service of solid waste and recyclables. Are your transportation needs being met now? Yes No: X If not, explain problems you have experienced. The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009, Additionally, the WUTC have issued an order confirming cancellation of the certificate. If the request is denied, would it have any affect on you or your business/organization: Yes X No _____ If yes, please explain. RECEDIAL TO SECURITY TO SE dumpsters except those which have been provided and will be removed on July 1, 2009, Furthermore we would have to reallocate staff to deal with transporting the garbage to the WASH. UT. & TP. COMM transfer station and we have no means of transporting such waste. **VERIFICATION** (To be completed by the individual or business/organization supporting the request for operating authority) Name and Title: **Business/Organization:** Street/Mailing Address: 440 City, State, Zip Code:_ Telephone Number: 300 QUS Fax Number: I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.